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| SURROGATE’S COURT OF THE STATE OF NEW YORKCOUNTY OF NEW YORK |  |
| -------------------------------------------------------------------------xIn the Matter of the Petition of <INSERT NATURE OF PROCEEDING BEFORE THE COURT><NAME OF DECEDENT/GRANTOR>,Deceased.-------------------------------------------------------------------------x | NOTICE OF MOTIONNON-APPEARANCERETURN DATE(**Surrogate Rita Mella**)File No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PLEASE TAKE NOTICE**, that upon the *Choose an item.*, dated *Click or tap to enter a date.* , [*if applicable:* the exhibits annexed thereto, the Memorandum of Law in Support, dated *Click or tap to enter a date.*,] and all of the pleadings and prior proceedings previously filed or had in this matter, the undersigned will move the Surrogate’s Court of the State of New York, County of New York, at the Courthouse thereof, located at 31 Chambers Street, New York, New York 10007, on <please select a Tuesday or Friday in Surrogate Mella’s calendar month>, at 10:00 o’clock in the forenoon of that day, or as soon thereafter as counsel can be heard, for an order:

1. Such other and further relief as the court deems just and proper.

 **PLEASE TAKE FURTHER NOTICE** that **NO APPEARANCES** will be made before the court on the aforementioned return date of this motion. Instead, pursuant to the court’s current procedures, the motion will be marked submitted for decision on that date unless oral argument is requested no later than two weeks before the return date by means of an email to: Misc\_General@nycourts.gov *and* rmchambers\_staff@nycourts.gov, copying all parties to the motion. If a request for oral argument is made, or if the Court determines that an appearance will advance resolution of the motion, the parties will be contacted about scheduling an appearance, and such appearance may or may not be held on the return date noted above. In most instances, oral argument will be conducted by virtual means using Microsoft Teams.

Dated: *Click or tap to enter a date.*

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|  | By:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Signature* |
|  | Print name: |  |
|  | Address: |  |
|  | Telephone No: |  |
|  | Email address: |  |
|  | ***[Select box and fill in text, as applicable]:*** | [ ]  *Pro se;* or[ ]  *Attorney(s) for:\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

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